



# The Brent Woodall Foundation's Walkabout for Autism 2010



September 25, 2010 9am – 12pm  
"You can make a world of difference."

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names of Participants: \_\_\_\_\_ Child(\$10)/Adult(\$25)

Please circle "child" or "adult"

\_\_\_\_\_ Child(\$10)/Adult(\$25)

\_\_\_\_\_ Child(\$10)/Adult(\$25)

\_\_\_\_\_ Child(\$10)/Adult(\$25)

\_\_\_\_\_ Child(\$10)/Adult(\$25)

## Raffle Ticket Purchase

I would also like to purchase \_\_\_\_\_ raffle tickets for \$5 each or 5 for \$20 each.

### Total Purchase

Registration Fee(s):\$ \_\_\_\_\_

Raffle Ticket(s):\$ \_\_\_\_\_

Additional Donation(s):\$ \_\_\_\_\_

**GRAND TOTAL: \$ \_\_\_\_\_**

### Form of Payment/Donation:

- Check by Mail (check number \_\_\_\_\_)
- Credit Card
- Cash by mail
- Cash or Check at time of walk

## Credit Card Processing Form

Type of Card: Master Card Visa Discover

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVC # (3 digits on back of card): \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize the Brent Woodall Foundation for Exceptional Children to charge my credit card in the amount of \$ \_\_\_\_\_.

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send this form via fax or mail:*

Fax: 214-614-4650

Mail: The Brent Woodall Foundation for Exceptional Children

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Irving, TX 75063

Attn: Carley Waltenburg